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8791 7590 08/11/2009

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
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SUNNYVALE, CA 94085-4040

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Patent Service with sufficient postage for first-class mail in an envelope addressed to the Mail Stop ISSUE FEE address shown on being received and transmitted to the USPTO (571) 273-2885, on the date indicated below.

Susan M. Manriquez (Depositor's name)
Susan M. Manriquez (Signature)
November 11, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/802,425	03/09/2001	Dean Rhoades	05309P001X	7222

TITLE OF INVENTION: COMPOSITION, APPARATUS AND METHOD FOR SKIN REJUVENATION

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/12/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHOI, FRANK I	1616	424-691000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Blakely, Sokoloff,

2. Taylor & Zafman, LLP

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DermaNew, Inc.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

9107 Wilshire Boulevard, Suite 600
Beverly Hills, California 90210

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 10

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-20556 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Thomas M. Coester/

Date 11/10/2009

Typed or printed name Thomas M. Coester

Registration No. 39,637

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